

PLEASE TYPE OR PRINT YOUR NAME CLEARLY, EXACTLY AS YOU WISH IT TO APPEAR ON YOUR NAME BADGE. REGISTER ONLY ONE PERSON ON EACH REGISTRATION FORM. IF YOU HAVE QUESTIONS ABOUT THE OCVA CONFERENCE, PLEASE CONTACT US AT 1-800-822-1067 OR E-MAIL NICKYG@CTED.WA.GOV.

First Name:			Last Name:		
Agency (if applicable):					
Address:					
City:		Sta	te: 2	Zip Code:	
Phone:		Fax:	1	E-mail:	
I plan to attend:			Meal Restrictions		
	Full Conference (October 18-2	21)	☐ No restriction	ns	
	Tuesday, October 18	☐ Vegetarian Meals needed☐ Other meal restriction (please specify)		1eals needed	
	Wednesday, October 19			estriction (please specify)	
	Thursday, October 20	[☐ Please check here if you require special accommodations or		
	Friday, October 21		interpretation services to fully participate in the conference. OCVA staff will contact you to discuss your specific needs.		
Registration Fee Please make checks payable to CTED, Federal Tax ID #: 91-0823820. Unfortunately, OCVA is unable to accept payments by credit card.					
	☐ Early Bird Registration Must be received no later than Aug. 15, 2005 \$70.00 for full conference or \$25 per day				
	☐ Regular registration Must be received no later the		n Sept. 30, 2005	\$100.00 for full conference or \$35 per day	
☐ Late registration Registrations received Octob		1 and later	\$130.00 for full conference or \$45 per day		
	☐ Conference presenter			Complimentary registration	
Mail completed registration to: OCVA PO BOX 48304 OLYMPIA WA 98504-8304 Total Re			gistration Fee Encl	osed:	

REGISTRATION FEE INCLUDES ENTRY TO ALL CONFERENCE ACTIVITIES, AS WELL AS TUESDAY LUNCH, WEDNESDAY BREAKFAST, LUNCH, AND DINNER, THURSDAY BREAKFAST AND LUNCH, AND FRIDAY BREAKFAST AND LUNCH, AS WELL AS MORNING AND AFTERNOON BREAKS ON ALL DAYS.

CONFERENCE REFUND REQUESTS MUST BE MADE BY SEPTEMBER 30, 2005.

NO REFUND WILL BE GIVEN FOR CANCELLATIONS RECEIVED ON OR AFTER OCTOBER 1, 2005, ALTHOUGH SUBSTITUTIONS WILL BE POSSIBLE.